

<i>SERFF Tracking Number:</i>	<i>CAIC-126722693</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental American Insurance Company</i>	<i>State Tracking Number:</i>	<i>46212</i>
<i>Company Tracking Number:</i>	<i>7668</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>NGP Riders</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Continental American Insurance Company

Product Name: NGP Riders

SERFF Tr Num: CAIC-126722693 State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-Closed  
Closed

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num: 7668

State Status: Approved-Closed

Filing Type: Form

Author: Betty Rakes

Reviewer(s): Rosalind Minor

Date Submitted: 07/15/2010

Disposition Date: 08/04/2010

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Other

Filing Status Changed: 08/04/2010

Explanation for Other Group Market Type: Union

State Status Changed: 08/04/2010

Deemer Date:

Created By: Betty Rakes

Submitted By: Betty Rakes

Corresponding Filing Tracking Number:

Filing Description:

Rider to group accident product

## Company and Contact

### Filing Contact Information

Betty Rakes, Senior Compliance Analyst

companycompliance@caicworksite.com

2801 Devine Street

888-730-2244 [Phone] 4329 [Ext]

Columbia, SC 29205

803-929-4944 [FAX]

SERFF Tracking Number: CAIC-126722693 State: Arkansas  
Filing Company: Continental American Insurance Company State Tracking Number: 46212  
Company Tracking Number: 7668  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: NGP Riders  
Project Name/Number: /

### Filing Company Information

Continental American Insurance Company CoCode: 71730 State of Domicile: South Carolina  
2801 Devine Street Group Code: Company Type: LAH  
Columbia, SC 29205 Group Name: Continental Amer Ins State ID Number:  
Co  
(803) 256-6265 ext. [Phone] FEIN Number: 57-0514130  
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### Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: Two riders @ \$50.00 each = \$100  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental American Insurance Company	\$100.00	07/15/2010	37992442

SERFF Tracking Number:	CAIC-126722693	State:	Arkansas
Filing Company:	Continental American Insurance Company	State Tracking Number:	46212
Company Tracking Number:	7668		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	NGP Riders		
Project Name/Number:	/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/04/2010	08/04/2010

<i>SERFF Tracking Number:</i>	<i>CAIC-126722693</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental American Insurance Company</i>	<i>State Tracking Number:</i>	<i>46212</i>
<i>Company Tracking Number:</i>	<i>7668</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>NGP Riders</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## **Disposition**

Disposition Date: 08/04/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>CAIC-126722693</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Continental American Insurance Company</i>	<i>State Tracking Number:</i>	<i>46212</i>
<i>Company Tracking Number:</i>	<i>7668</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>NGP Riders</i>		
<i>Project Name/Number:</i>	<i>/</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Rider	Approved-Closed	Yes
<b>Form</b>	Rider	Approved-Closed	Yes

SERFF Tracking Number: CAIC-126722693 State: Arkansas

Filing Company: Continental American Insurance Company State Tracking Number: 46212

Company Tracking Number: 7668

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

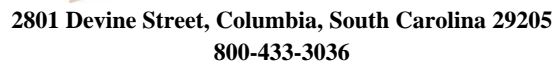
Product Name: NGP Riders

Project Name/Number: /

## Form Schedule

### Lead Form Number: CAI7745

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved- Closed 08/04/2010	CAI7745	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Rider	Initial			CAI7745 _NGP Enhanced Rider_.pdf
Approved- Closed 08/04/2010	CAI7746	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Rider	Initial			CAI7746 _NGP Acc Rider_.pdf



## 1

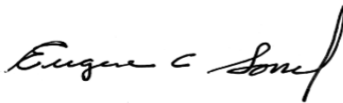
3. **[Sickness -** having any disease or bodily/mental illness or degenerative process. We also will not pay benefits for any related medical/surgical treatment or diagnostic procedures for such illness.]
4. **[Self-Inflicted Injuries -** injuring or attempting to injure yourself intentionally.]
5. **[Traveling -** traveling more than 40 miles outside the territorial limits of the United States, Canada, Mexico, Puerto Rico, the Bahamas, Virgin Islands, Bermuda, and Jamaica, except under the Accidental Common Carrier Death Benefit.]
6. **[Racing -** Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.]
7. **[Aviation -** operating, learning to operate, serving as a crew member on, or jumping or falling from any aircraft, including those which are not motor-driven [except work time, pleasure travel, and travel to and from a job assignment].]
8. **[Intoxication -** being legally intoxicated, or being under the influence of any narcotic, unless such is taken under the direction of a physician.]
9. **[Illegal Acts -** participating or attempting to participate in an illegal activity, or working at an illegal job.]
10. **[Sports -** participating in any organized sport: professional or semi-professional.]
11. **[Driving -** driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.]
12. **[Avocations -** mountaineering using ropes and/or other equipment, parachuting or hand-gliding.]
13. **[Cosmetic Surgery -** having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.]
14. [an injury arising from any employment;]
15. [injury or sickness covered by Worker's Compensation.]

### GENERAL PROVISIONS

This Rider is part of the Accident Certificate to which it is attached. It is subject to all of its terms unless any such items are inconsistent with the terms of this Rider. It will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.

The premium for this Rider is shown in the Rider Schedule. Premiums for this Rider are payable for the number of years shown in the Rider Schedule or until the Rider terminates.

**Signed for the Company at its Home Office.**



**President**

**SAMPLE  
RIDER SCHEDULE**

<b>Insured -</b>	[John A. Doe]	<b>Group Policy Number -</b>	[XXXX]
<b>Effective Date -</b>	[December 1, 2010]	<b>Certificate Number -</b>	[XXXX]
<b>*Initial Premium -</b>	[\$00.00 Monthly]	<b>First Renewal Date -</b>	[January 1, 2011]

**[Ear Injury]**

Trauma resulting in 60% of hearing loss in one ear requiring treatment by a physician.

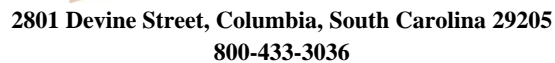
Injury occurs during first certificate year	[\$50]
Injury occurs after first certificate year	[\$200]

**[Hernia]** (treatment within 90 days, surgical repair  
Within one year)

Injury occurs during first certificate year	[\$100]
Injury occurs after first certificate year	[\$400]

**[Torn Rotator Cuff]** (surgical repair within one year)

Single	[\$250]
Multiple	[\$500]



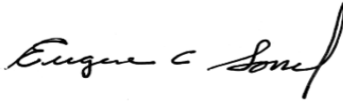
1

9. [**Illegal Acts** - participating or attempting to participate in an illegal activity, or working at an illegal job.]
10. [**Sports** - participating in any organized sport: professional or semi-professional.]
11. [**Driving** - driving any taxi or intrastate or interstate long-distance vehicle for wage, compensation or profit.]
12. [**Avocations** - mountaineering using ropes and/or other equipment, parachuting or hand-gliding.]
13. [**Cosmetic Surgery** - having cosmetic surgery or other elective procedures that are not medically necessary or having dental treatment except as a result of covered accident.]
14. [an injury arising from any employment;]
15. [injury or sickness covered by Worker's Compensation.]

### **GENERAL PROVISIONS**

This Rider is part of the Accident Certificate to which it is attached. It is subject to all of its terms unless any such items are inconsistent with the terms of this Rider. It will terminate when that Certificate terminates, or when premiums are no longer paid for this Rider.

**Signed for the Company at its Home Office.**

A handwritten signature in cursive script, appearing to read "Eugene C. Smith".

**President**

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TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	NGP Riders		
Project Name/Number:	/		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	08/04/2010
<b>Comments:</b>		
<b>Attachment:</b>		
READABILITY CERTIFICATION.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	08/04/2010
<b>Comments:</b>		
The attached application will be used to apply for the accident coverage. This application was approved for use in Arkansas on December 2, 2005.		
<b>Attachment:</b>		
Standard App accident.pdf		

## READABILITY CERTIFICATION

I, James J. Hennessy, hereby certify that the following forms have the following readability score as calculated by the Flesch Reading Ease Test when scored with the forms with which they will be used:

<b><u>Form</u></b>	<b><u>Readability Score</u></b>
CAI7745	40
CAI7746	40

\_\_\_\_\_  
James J. Hennessy  
Vice President, Compliance  
Continental American Insurance Company

\_\_\_\_\_  
July 15, 2010  
Date



**Continental American**  
INSURANCE COMPANY  
**ENROLLMENT FORM**

Please Mail: Post Office Box 427  
Columbia, South Carolina 29202  
(800) 433-3036

**FOR HOME OFFICE USE ONLY**

PLAN	PLAN CODE	ID NUMBER
<b>Accident</b>		
Endorsement:		
EFFECTIVE DATE:		

Employee Name/Owner (First, MI, Last)		S.S.N./ ID Number		Gender	Date of Birth
Street Address		City		State	Zip
Employer		Job Class	Location		Date of Hire
Hours Worked	Daytime Phone No. ( )	Beneficiary Name / Relationship (estate unless designated otherwise)			
Spouse's Name (if coverage is requested)		Gender	Spouse Date of Birth		
			<b>Employee</b>	<b>Spouse</b>	
Are you actively at work?			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you now hospitalized or unable to perform your normal duties and activities?					<input type="checkbox"/> YES <input type="checkbox"/> NO

**List all eligible children for whom you are proposing coverage (from Youngest to Oldest):**

Name	Gender	Date of Birth	Name	Gender	Date of Birth

**ACCIDENT** ☐ 24 Hour ☐ Non-Occupational] Plan \_\_\_\_\_ [Section 125 ☐ Yes ☐ No]  
☐ Wellness ☐ Hospital Indemnity ☐ Hospital Admission ☐ DI Rider ☐ \_\_\_\_\_  
☐ Employee ☐ Employee & Spouse ☐ Employee & Children ☐ Family **Cost per pay period: \$** \_\_\_\_\_

To the best of my knowledge and belief, the answers to the questions on this application are true and complete. They are offered to Continental American Insurance Company as the basis for any insurance issued.

- Does this coverage replace or change any existing insurance? ☐ YES ☐ NO
- If "Yes," provide carrier and policy number: \_\_\_\_\_

CERTIFICATION: I have read the completed application and I realize any false statement or misrepresentation in the application may result in loss of coverage under the certificate. I understand that no insurance will be in effect until my application is approved and the necessary premium is paid.

Coverage will not become effective unless you are actively at work on the date of the enrollment and the effective date of coverage.

I understand and agree that the coverage that I am applying for may have a pre-existing condition exclusion.

I authorize my employer to deduct the appropriate dollar amount from my earnings and to deduct and pay Continental American Insurance Company the premium required thereafter each pay period for my insurance.

Deduction start date \_\_\_\_\_

**Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.**

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Signature of Agent \_\_\_\_\_ State of Enrollment \_\_\_\_\_